



**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

[DATE]

Kathleen D. LeBlanc, RN  
Health Standards  
P.O. Box 3767  
Baton Rouge, LA 70821-3767

**Attention: Please read the following carefully before signing. This attestation is for the Fiscal Year beginning [DATE]. It must be signed by the Administrator / CEO.**

Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device, a material fact, or makes any false, fictitious or fraudulent statement or representations, or makes or uses any false writing or document knowing the same to contain fictitious, false or fraudulent statement or entry, shall be fined not more than, \$10, 000 or imprisoned not more than five years or both. (18 U.S.C., Sec. 1001)

Based upon my personal knowledge and belief, I attest that the responses on the attached prospective payment system (PPS) exclusion work sheet are true and correct and this hospital meets and will continue to meet all the applicable requirements for exclusion from PPS for the period beginning [ **DATE** ], is set out in Subpart B of 42 CFR Part 412. I agree that if the hospital/unit fails to meet any of these requirements between the date of attestation and the first day of the hospital's fiscal year, I will notify the Dallas Regional Office, CMS/Division of Survey and Certification, at 1301 Young Street, Rm 833, Dallas, Texas 75202, of the change immediately in order to permit a valid determination of distinct part status prior to the beginning of the fiscal year. The unit is located in

\_\_\_\_\_  
(Enter building name, room numbers and address)

\_\_\_\_\_, and consist of \_\_\_\_\_ Sq. ft.

I understand that the Centers for Medicare and Medicaid Services (CMS) or its representative has the right to conduct an on-site survey at any time to validate whether the statements made on the attached work sheet are true.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Administrator, CEO of the Hospital)

Title: \_\_\_\_\_

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